

2016-1586

PRINTED: 07/26/2016  
FORM APPROVED

## Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012699	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/14/2016
NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 916 PACIFIC AVE F1 7 EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	INITIAL COMMENTS  STATE LICENSING SURVEY  A state hospital survey was conducted at Fairfax Hospital North on 7/13/2016-7/14/2016 by Joyce Williams, RN, BSN; Alex Giel, REHS and PHA orientee Tyler Henning, ScM, MHS. The Washington Fire Protection Bureau conducted a fire life safety inspection on 7/13/2016.  BG3111	L 000		
L 450	322-040.7 ADMIN-APPOINT STAFF  WAC 246-322-040 Governing Body and Administration. The governing body shall: (7) Appoint and periodically reappoint the professional staff; This WAC is not met as evidenced by: Based on document review, the hospital failed to ensure medical staff re-appointments were completed within the specified time frame stated in the governing body bylaws.  Findings:  1. The Board of Governors Bylaws part (d) subtitled, "Reappointment Procedure" stated in part, "All appointments to the Medical Staff shall be for two (2) years, . . ."  2. On 7/14/2016, between the hours of 12:00 PM and 1:00 PM, Surveyor #2 and #3 reviewed 3 medical credentialing files for hospital medical staff members. One of three charts indicated a	L 450		

By signing, I understand these findings and agree to correct as noted:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

021100

BG3111

If continuation sheet 1 of 5

Reviewed: 8/15/2016 Joyce Williams, RN

Washington State Department of Health

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L 450	Continued From Page 1  current staff member "re-appointment" had expired on 3/22/2016.	L 450			
L 460	322-040.8B ADMIN RULES-PRIVILEGES  WAC 246-322-040 Governing Body and Administration. The governing body shall: (8) Require and approve professional staff bylaws and rules concerning, at a minimum: (b) Delineation of privileges; This WAC is not met as evidenced by: "  Based on document review, the facility failed to assure that all members of the medical staff had current privileges.  Findings:  1. The Hospital's Medical Staff Bylaws Section 7.2.4. subtitled, "Procedure" stated, "All requests for Clinical Privileges shall be evaluated and granted, modified, or denied..."  2. The Hospital's Medical Staff Bylaws Section 7.2.5 subtitled, "Term of Privileges" stated, "Clinical Privileges shall be granted for a term of not more than two(2) years."  3. The Hospital's Medical Staff Bylaws Section 7.4 titled "Temporary Privileges" stated in part: "In all cases, Temporary Privileges shall be granted for a specific period of time, not to exceed one hundred twenty (120) days. Temporary privileges shall terminate automatically at the end of the specific period without the hearing and appeal rights set forth in these Bylaws."  4. The Board of Governors Bylaws stated in part,	L 460			

By signing, I understand these findings and agree to correct as noted:

STATE FORM

021109

BG3111

If continuation sheet 2 of 5

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L 460	Continued From Page 2  "Article XII.3.c. Governing Board Action. The Board shall consider the recommendations of the Medical Staff so presented and appoint to the Medical Staff . . .Healthcare Professionals. . .and shall assign to them appropriate staff status as well as clinical privileges. . ."  5. On 7/14/2016, between the hours of 12:00 PM and 1:00 PM, Surveyor #2 and #3 reviewed 3 medical credentialing files for hospital medical staff members. One of three charts indicated a current staff member had only temporary privileges granted in 9/28/2015. There was no documentation in the file to indicate a change from the temporary status or that privilege was granted according to procedures outlined in the Medical Staff Bylaws, the practitioner was a current member of the medical staff.  THIS IS A REPEAT FINDING  6. On 7/14/2016, between the hours of 12:00 PM and 1:00 PM, Surveyor #2 and #3 reviewed 3 medical credentialing files for hospital medical staff members. One of three charts indicated a current staff member had privileges granted on 3/20/14. As stated per policy above, privileges expires after 2 years.	L 460			
L 690	322-100.1A INFECT CONTROL-P&P  WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (a) Written policies and procedures describing: (i) Types of surveillance used to monitor rates of nosocomial infections; (ii) Systems to collect	L 690			

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If continuation sheet 3 of 5

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L 690	Continued From Page 3  and analyze data; and (iii) Activities to prevent and control infections; This WAC is not met as evidenced by:  Based on observations and policy and procedure review the hospital failed to ensure staff members followed the hospital policy for hand hygiene.  Findings:  1. The hospital policy titled "Hand Hygiene", (Policy #1600.4.4, Rev. 11/2015) states in part, "1. Employees are required to wash hands thoroughly: 1.4. After contact with potentially contaminated surfaces."  2. On 7/13/2016, Surveyor #3 observed a terminal room cleaning procedure in Room 712. A housekeeper (Staff Member #1) left the room to retrieve clean linens from the clean linen closet. The staff member removed her/his gloves and gathered linens without first performing hand hygiene. Since the staff member had been in contact with a contaminated surface, the clean linens could be contaminated.	L 690			
L 880	322-140.11 ROOM FURNISHINGS  WAC 246-322-140 Patient living areas. The licensee shall: (1) Provide patient sleeping rooms with: (i) Sufficient room furnishings maintained in safe and clean condition including: (i) A bed for each patient at least thirty-six inches wide or appropriate to the special needs and size of the patient; (ii) A cleanable, firm mattress; and (iii) A cleanable or disposable pillow;	L 880			

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L 880	<p>Continued From Page 4</p> <p>This WAC is not met as evidenced by:</p> <p>Based on observation, the hospital failed to provide a safe and clean environment for its patients.</p> <p>Finding:</p> <p>On 7/13/2016 at 3:00 PM Surveyor #2 and #3 observed housekeeper (Staff Member #2) wiped down a torn mattress in patient room #711. During the process the staff member stated that the mattress would be removed, but s/he continued to make the bed, making it readily available for the next patient.</p>	L 880			

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If continuation sheet 5 of 5